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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Centerville Journal		2. DATE: 9/29/20
3. FREQUENCY OF ISSUE: weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: 30 / $35
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box H, Centerville Turner, SD 57014		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): STAR Publishing, PO Box H, Centerville, SD 57014		
6. FULL NAME OF PUBLISHER: Allison Hill 1000 Washington St Centerville SD		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Allison Hill	1000 Washington St. Centerville SD 57014

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	425	425
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	150	150
2. Mail Subscription (Paid and or requested)	197	205
3. Paid Electronic Copies	0	0
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	347	355
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	13	13
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	360	368
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	65	57
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	425	425

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Allison Hill
(Signature)

Owner
(Title)

State of South Dakota)
§
County of Turner)

Sworn to before me this 29 day of Sept, 20 20

Cheri O'Dell
Notary Public

(Seal)

Cheri O'Dell
NOTARY PUBLIC
SOUTH DAKOTA

My commission expires: March 12, 2025

Form: SOS REC 051 [illegible]